

LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR CY 2002	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
PLAN NAME	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	MEDICARE/ SINGLE	MEDICARE - 2*	MEDICARE - 1*
STANDARD PLAN: MILWAUKEE	502.90	1224.90	395.20	772.50	876.50
STANDARD PLAN: WAUKESHA	490.40	1193.50	395.20	772.50	864.00
STANDARD PLAN: DANE	502.90	1224.90	395.20	772.50	876.50
STANDARD PLAN: BALANCE OF STATE	457.50	1111.30	395.20	772.50	831.10
STATE MAINTENANCE PLAN (SMP)	452.60	1102.40	NA	NA	NA
ATRIUM HEALTH PLAN	456.80	1139.50	342.70	683.90	797.80
COMPCAREBLUE - AURORA/FAMILY	344.30	858.20	275.80	549.90	618.40
COMPCAREBLUE NORTH	373.90	932.20	299.50	597.30	671.70
COMPCAREBLUE NORTHEAST	396.70	989.20	317.70	633.70	712.70
DEAN HEALTH PLAN	266.60	663.90	213.60	425.50	478.50
GHC-EAU CLAIRE	359.70	896.70	288.10	574.50	646.10
GHC-SOUTH CENTRAL	275.50	686.20	220.70	439.70	494.50
GUNDERSEN LUTHERAN	343.20	855.50	274.90	548.10	616.40
HEALTH TRADITION	338.60	843.90	271.20	540.70	608.10
HUMANA-EASTERN	350.70	874.20	280.90	560.10	629.90
HUMANA-WESTERN	358.10	892.70	286.80	571.90	643.20
MEDICAL ASSOCIATES HMO	307.40	765.90	246.30	490.90	552.00
MERCYCARE HEALTH PLAN	306.90	764.70	245.90	490.10	551.10
NETWORK-FOX VALLEY	368.90	919.70	295.40	589.10	662.60
PHYSICIANS PLUS - SC	289.70	721.70	231.70	461.70	519.70
PREVEA HEALTH PLAN	391.60	976.50	313.60	625.50	703.50
SECURITY HEALTH PLAN	472.60	1178.90	260.10	518.50	731.00
TOUCHPOINT HEALTH PLAN	315.30	785.70	252.60	503.50	566.20
UNITY-COMMUNITY	265.50	661.20	212.70	423.70	476.50
UNITY-UW HEALTH	283.90	707.20	227.50	453.30	509.70
VALLEY HEALTH PLAN	370.70	924.20	296.70	591.70	665.70
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix MILWAUKEE: Milwaukee county & retirees living out of state WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha WISCONSIN: Balance of state				
Standard Plan rates are determined by the employer county or the retiree county of residence. N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits. * Medicare - 1 = One family member enrolled in Medicare; Medicare - 2 = Two family members enrolled. Medicare premium rates apply only to subscribers who have terminated employment.					